

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FTO-875)

SERIAL NO. 10/030202
FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.
	1st AMENDMENT	DEP.	2nd AMENDMENT	DEP.		
1						
2	1		1			
3			1			
4		1		1		
5						
6						
7						
8						
9	1		1			
10	8		6			
11						
12	2		1			
13			6			
14	8		6			
15			1			
16	8		1			
17	8		1			
18			1			
19	1		1			
20			1			
21	1		1			
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47						
48						
49						
50						
TOTAL	3	1	2	1		
TOTAL 1ST AMEND.	59	1	57	1		
TOTAL 2ND AMEND.	57	1	30	1		
TOTAL CLAIMS	57	1	30	1		

F-160 (5-78)

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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